

IBRS Service Definition from CMS Waiver Portal – 3/13/15

Intensive Behavioral Residential Services is a home and community-based clinical treatment model selected by the person supported, or their representative, as appropriate, designed to meet the specific and individualized assessed needs of each person receiving the service and which supports, to the maximum extent appropriate, each resident's independence and full integration into the community; ensures, to the maximum extent appropriate, each resident's choice and rights; and comports fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, including those requirements applicable to provider-owned or controlled homes, except as supported by the individual's specific assessed need and set forth in the person-centered ISP.

This service is appropriate for individuals who have exhibited high risk behavior, placing themselves and or others in danger of harm, and whose person-centered plan reflects the positive interventions and supports used prior to this service, and less intrusive methods of meeting the need that have been tried but did not work. This service is designed to be flexible enough to respond to the changing levels of need of the person supported and the level of risk presented by the person's current behavior, with the goal of helping the person transition to a more integrated setting in the future. It is not an indefinite, long term, residential support service.

All individual goals and objectives, along with needed supports shall be established through the person-centered planning process and documented in the person-centered ISP and shall include, to the maximum extent appropriate and preferred by the individual, opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources. A person with high risk behavior receiving Intensive Behavioral Residential Services will have opportunities to develop a lifestyle which includes developing healthy and meaningful relationships with others.

Supports shall be provided in a manner which ensures an individual's rights of privacy, dignity, respect and freedom from coercion and restraint; and which optimizes individual initiative, autonomy, and independence in making life choices.

Leadership of this service is provided by the agency Clinical Director, who is responsible for ensuring service quality and providing clinical oversight of clinical and direct support staff. Administrative functions are performed by members of the agency management team.

1. Providers are licensed and operated as a mental retardation (i.e. Intellectual Disability) Residential Habilitation Facility.
2. Each residence is no larger than a four-person home.
3. Each home may have at least one safe area that provides a room or space to which a person may (based on his or her individualized needs as reflected in the person-centered plan) retreat in order to prevent or manage an escalating behavior.
4. The service:
 - a. Includes an individual treatment plan which describes ongoing assessment and monitoring of the person supported and professional judgment regarding behavioral supervision, individual crisis plans, treatment objectives, and treatment planning. The individual treatment plan does not replace the federally required individual support plan. Rather, it describes in detail the person's treatment needs, etc., as described above.

- b. Allows for persons supported to learn and complete activities of daily living necessary for successful social integration.
 - c. Has staffing ratios that are designed to be flexible in order to meet the needs of people as events occur.
 - d. Coordinates ancillary services that are flexible and responsive to the needs of the people supported. Ancillary services may be funded through the Managed Care Organization or the Medicaid Waiver; will vary according to the person's individual needs; and may include services such as counseling, psychotherapy, psychiatric consultation, medical, dental, and nursing and therapy services.
 - e. Provides behavior analyst services that are embedded within the service and are flexible and available as needed within a 24-hour period.
 - f. Ensures that DIDD Human Rights Committee and DIDD Behavior Support Committee approval is obtained prior to implementation of restrictive interventions, as necessary.
5. On-going safety and supervision may include any combination of the following components as determined through the person-centered planning process and documented in the person's ISP and treatment plan:
- a. An intensive person-centered planning approach including determining what is important to and for the person and supporting him/her to achieve those goals identified in this process.
 - b. A carefully structured environment and a highly structured schedule with pre-planned activities, which the person supported participates in choosing and scheduling.
 - c. Proactive behavioral intervention approaches and teaching alternative strategies.
 - d. Learning healthy methods of expression.
 - e. Remote monitoring in public areas of the home.
 - f. Alarms to notify staff of elopement.
 - g. Windows designed for safety.
 - h. Other measures as recommended and approved.
6. Daily activities may include but are not limited to the following:
- a. Supported employment when appropriate.
 - b. The training of self-management.
 - c. Training in essential life skills to attain or maintain integration in the community.
 - d. Habilitation, based upon individual needs and program strategies, to teach tasks that will assist the person in getting ready for a typical workday (e.g., making lunch, using public transportation, etc.)
 - e. Community exploration and integration.

The IBRS provider shall be responsible for the cost of Day Services needed by the person supported and any Behavior Services needed while receiving Day Services.

This service is appropriate for individuals who exhibit high risk behaviors that are dangerous or whose behaviors are so serious that when they occur, they present a potential danger to the person, staff, or the community.

Examples of the behaviors that meet criteria are behaviors that have caused harm in the past (e.g., sexual predatory behavior) and have a probability of reoccurrence. These behaviors can be reasonably expected to occur in the absence of a highly structured therapeutic environment without support, supervision, and training in alternative behaviors.

Specific examples include the following:

1. Directly causes serious injury of such intensity as to be life threatening or demonstrates the propensity to cause serious injury to self, others, or animals.
2. Sexually offensive behaviors with high frequency of occurrence or sexual behavior with any person who did not consent or is unable to consent to such behavior, or engaging in public displays of sexual behavior.
3. Criminal behavior.
4. Cause serious property destruction (e.g., fire setting).

Clinical Review Process

The DIDD Central Office Clinical Review Committee is responsible for reviewing and approving each person who is referred for this service. Referrals will be generated from persons supported who have been served at the highest levels of need (LON) in terms of intensity, supports, and services, yet have received minimal benefit from services at said level, and for whom Intensive Behavioral Residential Services offer a more appropriate and cost-effective service delivery model. Referrals may also be generated for persons entering the system who have issues identified that are consistent with those noted for the target population and for whom Intensive Behavioral Residential Services offer a more appropriate and cost-effective service delivery model than services the person would otherwise require. The DIDD Central Office Clinical Review Committee will review referrals from state case managers, independent support coordinators, and DIDD providers. The DIDD Central Office Clinical Review Committee is comprised of the Director of Behavioral and Psychological Services (Chair), selected clinicians, and DIDD central/regional office staff. For each person referred for this service, the committee will review the following information: intake plan, individual support plan (ISP), risk assessment, clinical assessments, and health evaluations. IBRS may be selected by the individual and offered only after alternative approaches have been tried and documented to be unsuccessful.

1. Continuing this service requires periodic (at least every six months or more frequently, as needed) evaluation by the agency Clinical Director, and approval by the DIDD Central Office Clinical Review Committee of the continued likelihood of occurrence of presenting behaviors and progress/benefit in continuing the program and the continuing need for structure and protections provided under this model. The agency Clinical Director shall submit recommendations regarding continued stay or discharge to the DIDD Central Office Clinical Review Committee, who shall make the final determination.
2. An individual may choose to no longer receive this service at any time, or otherwise shall be considered to no longer require this service if the individual has met the clinical objectives identified in the clinical plan such that the structure and protections afforded under this model are no longer appropriate, or the individual/legal representative has refused to participate in treatment.